

# Strategic Prevention Framework Newsletter

September 12, 2007

## State Priority Highlight

Construct	Non-illicit drug related morbidity & mortality		
Consequence Indicators	<i>Indicator</i>	<i>Source</i>	<i>Notes</i>
	ER visits	Emergency Dept. Database – Indicator-based Information System (IBIS)	narcotics
	Fatalities	Death Certificates/ Medical Examiners	narcotics
Consumption Indicators	<i>Indicator</i>	<i>Source</i>	<i>Notes</i>
	Poison Control calls	Poison Control database	narcotics, over the counter, other prescription
	Shipment amounts	Automation of Reports and Consolidated Orders System (ARCOS)^	narcotics, other prescription
	30 day use rates	SHARP*	narcotics
		Household Survey	Some LSAA grouped together, small numbers
		Higher Ed Survey	Over the counter, all prescription
		MTF^	
	Lifetime use rates	Higher Ed survey	Over the counter, all prescription
		SHARP*	narcotics
	Past year use rates	Household Survey	Some LSAA grouped together, small numbers
		Treatment Needs <sup>#</sup>	Infrequently done
		Controlled Substances Database (CSDB)	Not ready yet

\* Youth data

^ State level data

# Adult data

## Communities That Care TOT Recap

Over the past 20 years, Utah has participated in several research projects that has led to the essential knowledge base on prevention that we have today. You may have heard of the 7 state consortium, the NIDA Diffusion Project, or the Community Youth Development Study. These are examples of the projects that communities here in Utah have participated in.

Although these research projects have required extra work at the state and community level, we have been able to provide cutting edge prevention science projects throughout Utah. A review of the prevention system in Utah will show that with each new research project came along an evidence based system of prevention work. Through the years,

Utah has embraced these science based systems. There is no doubt that using tested procedures and programs are a large part of the reason our substance abuse rates are usually ½ the national rates.

In the year 2000, Utah received the first State Incentive Cooperative Agreement Grant. This grant provided additional resources for communities throughout the state to implement a 7-step process of prevention planning and programming. Assimilating the 7 step process was fairly easy for Utah's Prevention System due to the fact that Utah had already been participating in a similar model of community mobilization which included matching community needs to best practice programs. Most exciting for many communities was the opportunity to incorporate the Communities that Care (CTC) prevention system at the local level. However, as the grant resources were disseminated, many communities did not have enough money to purchase the program and the required training. Other areas that were able to purchase the program were unable to sustain it.

Not having the CTC did not stand in the way of the Utah Prevention Network being able to use a science based system. The Utah Division of Substance Abuse and Mental Health began to slowly move the Substance Abuse Prevention & Treatment Block Grant requirements to match best practice planning and programming. Today, the contractual requirements for the SAPT Block Grant are aligned with the science based Communities that Care Framework.

About a year ago, CSAP announced it was going to purchase the rights to the CTC model and make the model public domain. Excitement for this move quickly diminished when we realized CSAP only made the material available, not the training needed in order to operate the framework with fidelity. Since then, I have been on numerous phone calls and attended several meetings advocating for the feds to get a system in place to help ensure CTC is not only available to every community in the nation, but also to provide training and technical assistance to those that choose to use CTC.

This past spring, I was meeting with David Hawkins and as we were discussing the CTC training issue, he mentioned the name Rick Cady. Rick has been training communities in the CTC since the beginning and is known as the guru of CTC training. I then met Rick and tried to figure out a way to get him to Utah. After several calls between myself, Rick, and WESTCAPT we figured out a way to get him here to do a TOT. With extra incentive.. ok, being pushed by Mary Frothingham from Moab, this TOT occurred the last week of August. We had State staff as well as local coordinators attend this training. We are now half way through the TOT training and by the first part of November, we will have a nice cadre of trainers available to do CTC training throughout our state.

We are fortunate to have the CTC framework available for our use. It is my vision that any community in Utah will be able to request CTC training and we'll be able to pull together a training team to help the local coordinator provide CTC in that community.

I am hoping that a handful of communities throughout the state will request CTC training. If we can get a handful of communities moving in this process, we can all watch

to see how it goes then either copy the process for other communities or make needed adjustments.

Short term outcomes of this vision include local level support for all aspects of the strategic prevention framework. One such outcome would be cities assisting with financial and other resources to oversample the next administration of the SHARP survey. For example, in Davis County, there are 14 cities and 8 high schools. If each city were to contribute to the SHARP survey, the Davis County prevention system could oversample to at least the high school level, possibly to the jr high or city level. From there, prevention services could be specifically targeted to the local community's needs. An interesting note- after the 2007 SHARP data was released, one area that did oversampling, quickly noted that while the local authority region was under the state average for use rates, there was one particular community (jr high level) that was very similar to national rates! They never would have known this had they based their assessment on the local authority level data.

In the end, it is my belief that as communities go through this process we will find more local buy in to prevention. Through the resulting coalitions, we will find additional resources for prevention work, and the local communities will be more likely to follow the strategic planning framework. Utilizing best practice programs and strategies to address needs identified by valid data will be convenient by products of this framework, and perhaps more importantly, prevention services will be owned and delivered at the local level.

**Groups like the Federation for Drug-Free Youth are the backbone of Utah's fight against drug and alcohol abuse. We will never have the funding required to have 'professionals' alone assume the responsibility for a substance-free youth."**

(1985, Leon PoVey, DSA Director)

### **Prevention Professional Highlight – Jamie Smith**

Jamie Smith earned her Ph.D. in Counseling Psychology from The Ohio State University in 2005 and her bachelor's degree in honors psychology at the University of Texas at Austin in 1998. She completed her doctoral internship at the University of Utah Counseling Center, with a joint position in family health practice at the University of Utah's Hospital Madsen Health Center. Dr. Smith joined Bach Harrison in 2005. In addition to working on the SPF-SIG, she works with Drug Free Community Grantees (Salt Lake City Mayor's Coalition on Alcohol, Tobacco and Other Drugs and the South Salt Lake Coalition for Drug Free Youth), the state of Montana on a Center for Mental Health Services grant, the Boys and Girls Clubs of Greater Salt Lake and Salt Lake Neighborhood Housing Services. Dr. Smith also works part time in clinical practice. Her areas of clinical focus include individual and group psychotherapy for chronic illness, depression, anxiety, substance abuse treatment, career planning, and cognitive disorders as well as cognitive assessment evaluations. She also occasionally teaches high school, college and graduate level courses and has won awards for her teaching. She is currently teaching "The Psychology of Addiction" and "Career development Theory" through

Union College in Kentucky. Outside of work (with what time is left!), Dr. Smith enjoys traveling, reading, cooking and anything active, particularly hiking and skiing.

## Strategic Prevention Framework Process

### Step 2: Mobilize and/or build capacity to address needs.

**State Role** – The SPF SIG grantees must engage stakeholders across the State, as a complement to parallel engagement activities occurring within the target communities that are selected for implementation activities.

**Community Role** – Engagement of key stakeholders at the State and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Key tasks may include, but are not limited to, convening leaders and stakeholders; organizing agency networks, leveraging resources; and engaging stakeholders to help sustain the activities.

## Upcoming Events

### *September*

16 CTC Networking Meeting; Portland, Oregon  
17-19 National Prevention Network Conference; Portland, Oregon  
25 Safe and Drug Free Schools Meeting; St. George  
25 R & R UAD Media Kick-off event; St. George  
26-28 Fall Conference; St. George

### *October*

31 CTC TOT Part 2; TBD

### *November*

1-2 CTC TOT Part 2; TBD  
8 Prevention Network Meeting; Davis County

## Resources

WestCAPT - <http://captus.samhsa.gov/western/western.cfm>  
Prevention Platform - <http://www.preventionplatform.samhsa.gov>  
SAMHSA - <http://www.samhsa.gov>  
DSAMH - <http://dsamh.utah.gov>

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